



MERI Lab and Field Work Request Form

Complete and return to Dr. Jin Young Shin, Chief Chemist
phone 201-460-4699, fax 201-842-0630, email jinyoung.shin@njmeadowlands.gov

GENERAL INFORMATION

PRINCIPAL RESEARCHER

Name: Phone: Fax: Email:

STUDENT(S)/TECHNICIAN(S):

Name: Phone: Fax: Email:

PROJECT DESCRIPTION (In a paragraph or two, describe your objectives, activities and anticipated results. You may instead attach an abstract of a previously prepared proposal or work plan):

FIELD SAMPLING

LOCATION OF SAMPLE COLLECTION (attach a map of specific sampling locations if possible; an interactive high-resolution aerial photo of the Meadowlands is viewable at

<http://webmaps.njmeadowlands.gov/municipal/>

METHOD OF SITE ACCESS (Be sure to indicate if you want MERI to provide transportation, and if so, whether by boat or by vehicle.)

SAMPLE MEDIUM/MEDIA (eg, water, sediment, plant tissue, etc.):

METHODS OF SAMPLE COLLECTION (Be sure to indicate if you want MERI to provide any sampling equipment or personnel.)

PROPOSED SAMPLING SCHEDULE (be specific on dates and times.)

LAB ANALYSIS

A separate Request for Laboratory Analysis form must be completed if there is lab analysis work involved. The detailed information regarding the sample has to be included in this form. It is mandatory to identify on the form highly contaminated or potentially hazardous samples so that proper precautions can be taken at MERI. Complete this form and return to MERI.

Participant Agreement, Release, and Acknowledgment of Risk

In consideration of the opportunity to voluntarily participate in laboratory work and/or field activities ("Activities") to be conducted in laboratories and on property owned by the New Jersey Meadowlands Commission ("NJMC"), I agree to release, forever discharge, and to indemnify and hold harmless the NJMC, its employees, and agents from any and all liability, claims, demands, or causes of action that arise out of or are in any way connected to my participation in these Activities or my use of the property or laboratories. I acknowledge that, for purposes of this Agreement, the Activities may include but are not limited to outdoor activities such as hiking and fieldwork and laboratory work with hazardous materials and equipment, all of which entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, property, or third parties.

I have read and understood this document and agree to be bound by its terms.

Signature of Participant: _____ Date: _____

Print Name: _____

(Must be completed for participants under the age of 18)

I certify that I am the parent/legal guardian of the Participant, I have read this release, and I approve of and agree to its terms.

Signature of Parent or Guardian:

_____ Date: _____

Print Guardian Name: _____